

177000000000000000000000

IB14/WYO-177(01/04)
Wyoming 56

**Interstate Request for Reconsideration of
Monetary Determination/Wage Credits**

1. Claimant's Name(First, MI, Last):		2. SSN:				
A. Name worked under(if different):		A. Other SSN(if any):				
3. Local mailing address(No., Street or Rte, City, St., Zip)		4. Liable State:				
		5. Transferring State:				
		6. Telephone #(include area code):				
7.	I request reconsideration of my weeks/wages transferred (IB-4).					
	I request reconsideration of my monetary determination dated					
Reasons:						
8. Complete the following if you disagree with the determined amount of base period wages/weeks:						
Base Period		Wages	Weeks	Employer Name	Dates Worked	
Quarter Ending					From	Through
March 31,						
June 30,						
Sept. 30,						
Dec. 31,						
9. Complete the following for any base period employer not listed on the determination.						
Employer Name		Dates Worked		Gross Wages Requested		
Address(No., Street or Rte., State, Zip Code)		From	Through			
				\$		
		Type of work performed				
Payroll address(if different)		Work site(city, state)				
Note: Attach supporting documents, such as check stubs, W2, etc., if #8 or #9 are completed.						
The above facts are true to the best of my knowledge and belief.						
Claimant's Signature:		Date:				
I certify that I have verified the claimant's social security number.						
Claims taker's Signature:		Date:				
Date request		Date received:				
In person		By mail				
Distribution: Original and one (1) copy to each of the liable state/transferring state, 1 copy to agent state file, 1 copy to the claimant.						
* If employer was not listed on IB-1, submit separation information.						
Use LO stamp or enter LO address, phone number and ID number:						